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I.

CASES OF PULMONARY CONSUMPTION, WITH OBSERVATIONS.

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CASE I.—The subject of this case is a young lady, whose mother died of pulmonary consumption. The patient is sixteen years of age. It has been observed that consumption preys not “on the thorns and brambles of this wilderness, but on the rose and passion-flower of human excellence and gentleness.” This was exemplified in the case of this lady. Apprehensive from her fragile delicacy of constitution that she would have phthisis, and attracted by her meek, gentle disposition, and by her personal loveliness, her friends watched over her with a tenderness that sheltered her from every impression which could hazard either emotion of mind, or irritation of body. She was nurtured with all the vigilance and care required by the loveliest and most tender flower. Pulmonary irritation, notwithstanding, became evident, and this but redoubled the sedulous attention of her friends. She kept her room, avoided exertion, had a long course of medical treatment. In her case there was no amelioration, it proceeded steadily to a fatal termination.

CASE II.—Miss —, sister of the lady whose case has just been given, was for many years threatened with consumption. She had a very flat chest, cough, expectoration, great debility, pain in the side and breast, amenorrhœa, fluor albus. She became much emaciated, and all who knew her were assured that the hereditary family disease would soon terminate her existence. Nothing that affectionate solicitude could secure was withheld. I attended her for a long time, endeavoring, while I guarded against inflammatory action in the lungs, to prevent the increase of debility. Particular attention was given to avoid active exercise, or exposure to cold. Her health did not improve. Being sincerely pious, and desirous to practise what she professed, she insisted on attending evening prayer meetings, and on uniting with other institutions for benevolent purposes. These involved a change in her habits, *against which I remonstrated*, and in which she was opposed by her friends. She, however, gradually adopted her own course; took no medicine; went out at night, and exerted herself far beyond what was thought discreet. She improved in health; her mind became more cheerful; it was obvious that the change of habits had no unfavorable influence. The pulmonary symptoms declined. She married

soon after, has children, and now enjoys good health, with every prospect of long life.

CASE III.—Mr. — is the brother of the cases just related. He inherited a feeble, delicate frame, with striking resemblance to his mother, who died of phthisis. At eighteen he had a cough and pulmonary symptoms ; but he entirely disregarded the monitions of hereditary predisposition, the actual symptoms of breast complaint, as well as what might be anticipated from a very narrow chest, tall and slender frame. He was engaged in laborious duties in a dry-goods store ; afterwards pursued a life of much more active exercise and exposure to all weather. He went two voyages to sea, and since follows mercantile business that requires bodily and mental activity. He preserved a good state of health for more than ten years. Of late he has had one attack of hæmoptysis ; but except for the time has not confined himself, and is recovering well from it.

CASE IV.—Miss —, aged twenty, came under my care with many symptoms of tuberculous consumption, which disease had proved fatal to several members of her mother's family. My patient has hard cough, slight pain in the chest, expectoration of tough ash-colored mucus, great debility, pain in the loins, and there was an irritable, frequent pulse. I was exceedingly apprehensive of the result, and treated her case circumspectly in the way usually pursued by the best practitioners. She took digitalis cicuta ; was moderately bled, was blistered, and all this without benefit. Seeing that no relief was afforded by medicine,

and that the prescribed cautions as to exposure and exertion, denied her many of those enjoyments that a fine mind and cheerful spirit derived from social intercourse in visiting her friends, she gradually ceased consulting me, adopted her usual habits, and lost no health by giving up medicine. She travelled, married some time after, is the mother of several children, has pursued a very active life, and has no reason to apprehend a return of her symptoms.

The four persons whose cases have been detailed, were near relations. The first case submitted most rigidly to what was medically advised ; she was closely housed, took much medicine, and yet the symptoms were not palliated, nor the fatal result procrastinated. In the other instances, strong predisposition to consumption ; nay, actual symptoms were averted and removed by a course utterly at variance with what the physician advised. I do not mean to say that the same course would have removed the disease in the first case, for there are too many cases inevitably mortal. It is sufficient that the result of the three favorable cases be borne in mind, in reading the observations at the close of this paper.

CASE V.—Dr. B—, while a student of medicine, attracted my attention. His family has been severely visited with tuberculous phthisis. Within a year two brothers and one sister died of it. He had pulmonary symptoms, pain in the breast, cough ; once spit blood, and his friends deeply feared that he would fall a victim to consumption. His brothers and sister were attended carefully by an eminent physician, who pursued the routine

thought best for such cases ; he adapted that routine with great intelligence to the several cases. I was consulted in two of the cases ; no benefit resulted from medical treatment. Dr. B. was so situated as to be compelled to walk two miles every day to attend the medical lectures, and to return the same distance at evening. This he did with unvarying regularity, through all kinds of weather, and frequently remained in the dissecting room till late at night. Such was his ardor for the acquisition of medical knowledge, that though with the above symptoms and much debility, he exposed himself to weather cold and wet, and to fatigue that others shunned. Occasionally the pain in the chest and debility were alarming—but he took no notice of them, and continued habits that *I urged him to avoid*. He, thus predisposed, continued these habits for three winters, and now lives in finer health than he has ever enjoyed. His relations who died, carefully shunned exposure and exertion.

CASE VI.—Some years since I was called to see a gentleman, about twenty-two years of age. His father died of tracheal and tuberculous phthisis, and my patient had for some time labored under cough, purulent expectoration, hoarseness, pain in the breast. He had fever, with partial night sweats. I could not doubt, from his symptoms and the attendant emaciation, that his disease was confirmed strumous consumption, and that it would soon terminate fatally. I prescribed various remedies, antihetics, mild tonics, bleeding twice for the pain, mucilaginous mixtures for the cough, blisters, &c. As the autumn approached, I endeavored to impress on his mind my

views of what should be his winter arrangements ; and these views were founded on flannel and the fireside ; particularly that he should avoid exposure to cold and wet weather. He promised obedience to my advice as to the use of medicine and exposure during the cold season. I paid great attention to his case and symptoms, but the treatment did him no good. As his duties required exposure, he finally became impatient ; went out as I thought at great hazard ; abandoned the use of medicine, and as he rapidly lost flesh, it seemed almost certain that he would not live long. I discontinued my visits, as he took nothing, and was imprudent. He would walk miles in the coldest weather without a surtout, and without flannel. He never avoided wet walking, or exposure to rain or snow. He took what diet was most agreeable to him ; and now, after four years continuation of these habits, he is in much better health. The pulmonary symptoms are comparatively slight, and he apprehends no bad consequences from them.

CASE VII.—About two years since, at the close of winter, I was consulted by a gentleman who had pulmonary symptoms. He had cough, expectoration, pain in his breast, lost his flesh, his constitution was delicate, his frame slender, and his chest narrow and stooping. I blistered him, gave him cough mixtures, and confined him to his room until the weather became mild. As he did not recover, I advised him to go by sea to New York, to reside in the country, to take exercise freely, and to avoid medicine, unless it became obviously necessary. I had the pleasure to see my patient some time

after with his symptoms entirely removed. Medicine had no agency in his recovery.

CASE VIII.—Mr. —, aged fourteen, lost his mother with tuberculous phthisis. It deserves remark here, that his mother was one of a family of nine, every member of which family died of this phthisis. This youth was growing up with every appearance of the scrofulous aspect; strong symptoms of pulmonary disease came on; as cough, thoracic pain, and I am informed that he once had hæmoptysis. He was advised to adopt the life of a sailor, the laborious duties of a common sailor. He went out before the mast; and after having been two years at sea, seems to have a renovated constitution, and is free from the pulmonary symptoms that threatened his life.

CASE IX.—Mr. J— lost his mother with tuberculous consumption. Seven years ago he had measles, which, as they declined, developed pulmonary symptoms, cough, pain in the chest, expectoration of tough dark mucus. Ever since he has suffered with obvious symptoms of tuberculous consumption: during the winter they are distressing.

He has taken no medicine, is bled when the lungs seem to be irritated, and when they occasion pain—and he has derived great benefit from issues. But he has pursued a regular plan of out-door exercise on horseback and in walking, in winter and in summer. He is now better than when first taken. He attends the medical lectures; dissects at late hours, and is confident that his habits have baffled the threatened inroads of a most formidable disease. He does not lose

blood habitually—only when obvious local plethora demands it.

I have been induced to review my experience in the treatment of phthisis pulmonalis, by reading two papers by Dr. Parrish, in the North American Medical and Surgical Journal. I could have adduced several other instances, but the above cases appear to me sufficient to justify some very interesting practical reflections. These may be submitted in the form of queries.

1. What has been the result in those cases of tuberculous phthisis which have been subjected to deliberate and judicious medical treatment, *unconnected with free exercise in the open air at all seasons?*

The answer is, that my long and extensive experience does not afford one case of recovery.

2. Has the medical treatment, *without active exercise*, materially protracted life in any cases?

The answer is, that it is very doubtful whether one life has been materially protracted.

3. Have bleeding, digitalis, mercury, prussic acid, tartar emetic, confinement to stove rooms, blistering, emetics, cicuta, ipecacuanha, inhalations, liverwort, have any of these, *without active exercise*, arrested, averted, or cured one case?

Confining this answer to tuberculous phthisis and to my own experience, the answer is in the negative.

4. Has any one case been averted, arrested, or cured, the successful result in which has not been owing to exercise, exertion, to free exposure to weather at all seasons, in walking, riding, and sailing?

The answer is, that this course of habits seems to have been the only preventive or curative agent.

5. And yet another question re-

curs, viz. in reviewing my practice, is there not reason to believe that many remedies so much relied on, and so authoritatively commended, have been either positively or negatively injurious, if not both?

The answer to this question may be inferred from what follows. The subject should be cautiously investigated, but requires most serious consideration.

If the opinions and experience of Dr. Parrish and others, and if the cases just detailed, prove anything, they demonstrate this, that many cases of phthisis that were in progress of medical treatment, and were doing badly, on discontinuing the medicine, and in relying on active exercise and plain nutritious diet, did well. It would appear that a continuation of medical treatment in other cases did no good; the disease terminating certainly, and often speedily in death. This was probably owing to the intractable nature of the disease preying on constitutions unable to withstand its ravages. We should, however, inquire and reflect seriously, whether remedies, such as are used in consumption, if they be not beneficial, be not injurious. It is not probable that bleeding, mercury, digitalis, prussic acid, &c. will be negative in such a disease, and in such constitutions as the phthisical have. So uniform is their failure to cure, and so frequently are they injurious, that the routine of prescription is formal at best, and hazardous in many instances. This formality, this routinism, is the bane of improvement in our science; and Dr. Parrish deserves the thanks of the profession for the firmness and intelligence with which he has assailed it.

If it excite surprise when I say that not one recovery from phthisis

has occurred in my experience, let it be observed that allusion is made to *tuberculous* consumption. Chronic bronchitis, catarrhal phthisis, and that from ordinary suppuration or abscess in the lungs, are not in view. I have often seen recoveries in these cases, and have reasonably ascribed the recovery to medical treatment. Not so with tubercular phthisis. In this fell disease, if a remedy there be, it is yet to be discovered; and he is a wise practitioner who avoids the *lædientia* in scrofulous consumption. This form of phthisis is equally fatal wherever it exists; and where is it not? If in the admission that the remedies used may have been positively injurious, there appear too much candor, it is replied, I have followed the best lights that have been supposed to gleam along the dark path of tuberculous phthisis.

Experience has long since taught me that the writings of Dr. Rush on pulmonary consumption are not so much to be relied on as his precepts and practice in many other cases. The peculiar action of tubercular disease in the lungs, arising as it does from strumous complication, sets at nought the simplifications of ingenious hypothesis, and much more the boldness of systematic practice. Consumption consists in something more than the action of chronic pneumonia, and invariably baffles the depletory measures directed to reduce that action. The origin, increase, and softening of tubercles, involve more in practical consideration, than the mere question whether or not they are the result of inflammation. It is in the incipient stage of tuberculous phthisis that the practice of Rush is to be deprecated. It is to this incipient stage that the plan revived by Dr. Parrish is applicable,

though not a few cases are on record in which the plan was advantageously pursued in more advanced stages. One of my patients appeared to be in confirmed consumption, and yet has been apparently preserved by this hardening system.

There is one thing to be considered in the treatment of consumption, and it is very important. Take a patient threatened with this disease, or with it formed; confine him to his room; deny him active exertion; bleed him frequently; put him on low diet; prevent unreserved intercourse with his friends; give him mercury, digitalis, cicuta, hydrocyanic acid, and you surround him with a gloom that has most positive influence on his nervous system. Nervous depression and irritation, derange, irritate, enfeeble vascular action, especially in the capillaries, and here is a superadded and exceedingly operative difficulty. It is vain to talk to patients about exercise with dumb bells, &c. in stove rooms. Patients lose their energy by the confinement, and many lose entirely their elasticity and hope, in the fear that this course of practice and seclusion arises from the belief that consumption is formed, and therefore incurable. In all chronic cases, mental energy and cheerfulness are conspicuously subsidiary in treatment; without them our mercury, and foxglove, and bleeding, do harm rather than good. This system then of confinement so impairs nervous energy as to act unpropitiously on the bodily powers, on the capillary circulation in the abdomen, on the skin, and above all, in the lungs themselves, favoring obstructions and sluggish circulation there. I have heard a delicate female say, with great firmness, "if I have to live but two years, let me rather enjoy

myself than be immured;" and pursuing her own course, she lives and does well.

How different are the effects of accustomed exercise and habits on the nervous system, and by consequence, on general functional action. How exercise tends to equalize and invigorate capillary circulation, and thus to prevent local obstruction, and if used with judgment, to remove it when formed. Exposure to cold is supposed, in phthisical and other cases, to act unfavorably in two ways; on the skin generally by constricting it, exciting sympathetically the *irritatio introversa*; and secondly by direct impression on the air-cells of the lungs. The first mode of operation can be easily guarded against, by carefully adapting dress; while the injury from direct contact of air has always appeared to me to be hypothetical. Doubtless if a person habituated to stove rooms too suddenly inhales a cold atmosphere, it may be prejudicial; but this sudden change is not here considered or desired.

An objection to exercise is by some said to be, that it so hurries the circulation of blood through the lungs as to be prejudicial in tuberculous phthisis. Of this I have strong doubt. Too great exertion may do so; but this is not what we want the patient to make. On the contrary, moderate exercise regularly pursued on horseback or in a carriage, has to my knowledge reduced an irritable and frequent pulse in disease of the heart, to moderate and healthy action. I am sure that so far as exercise favors capillary circulation, it accomplishes an important object in the incipient, or even in the more advanced stages of phthisis.

It has been observed by Dr. Parrish, that the practice sanctioned

by his cases and by mine is not new. It is a practice which should be judiciously attempted and fairly tried by cautious perseverance. Let the patient keep the feet dry and warm; let him be so well clothed as to prevent sensations of chilliness; let him avoid those severities of weather that a man in health would shun; but after this let him take exercise in the open air, at first in the mode of gestation, then on horseback, and finally by walking. In winter let him go to a climate where there will be the least interruption to his active habits. In this case physic may be needed to remove painful incidental symptoms, and what this physic should be will be obvious. It may be that these habits, and the courses of remedies usually adopted, have been too much separated under the idea of their incompatibility.

In coming to the conclusions apparently justified by the above experience and reflections, and sanctioned by the excellent judgment of Dr. Parrish, I have had much to contend with. A physician should cautiously abandon practice sanctioned by authority, and should circumspectly enter on the field of experiment. Early education led me to rely much on medicine in phthisis. Facts, however, within my own experience, too numerous to be resisted, and too plain to be mistaken, have caused me much anxious consideration. These facts are submitted, as they may be useful. If duly estimated I think they will not be considered as overrated. We know much of the *pathology* of tuberculous phthisis, perhaps as much as we can expect to know. Bayle, Portal, Young, Reid, Duncan, Southey, Rush, with many others, have illustrated every point in the range of

consumption, *except the cure*. I have seen too many fatal cases, fatal after every effort that authority or reason sanctioned, to believe that we know any remedy that promises the least hope to the sufferer. What, then, shall the physician do who has thus been baffled in hundreds of cases? Let him listen to the candid intelligence and experienced judgment of Dr. Parrish: let him test the practice, and confirm or confute the suggestion.

Hippocrates sent his patients on foot to the walls of Megara—Sydenham sent one on a long journey to see a Dr. Robinson. In rhetorical figure and in laudable hope, the physician has said, that in the wilds of the unexplored west, at the base of the Rocky Mountains, the plant may grow, the flower may bloom, the root may penetrate, that possesses the healing power over tuberculous consumption. If the views to be inferred from these imperfect remarks be correct, we may send our phthisical patients in pursuit of the expected blessing.

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II.

MEDICAL LITERATURE OF THE UNITED STATES.

DR. Black, a physician of some note, and resident at Bolton in England, has recently published, in the North of England Medical and Surgical Journal, a sketch of Medical Science in the United States. His details are generally correct, and his paper marked by a candor and strict regard for truth and justice, rarely met with in those of his countrymen who have undertaken to publish accounts of their travels in this country. We offer below, a few detached extracts from the

concluding remarks of Dr. Black, which will be interesting, as showing the impression made on the mind of an intelligent stranger, by our medical economy.

The paths of literature have not been uncultivated by our medical brethren in the west ; and though their works are not generally known on this side of the water, they are yet voluminous on many subjects of practical Medicine, and display a very laudable research and inquiry. The works of Rush deservedly stand the first in the catalogue, being as well known in England as in America ; and in succession may be ranked the productions of Drs. Barton, Hosack, and Mitchell. The "Anatomy" of Dr. Wistar, of Philadelphia, has a great character in the States, and also Dorsey's "Elements of Surgery," to which may be added the works of Physick, Mease, Caine, and Chapman, of Philadelphia ; not to forget the more modern Treatises of Dewees, of the same city, on Female Complaints ; that of Beck, of New York, on *Materia Medica* and Medical Jurisprudence ; and those of the late Dr. Godman, on Natural History, and some medical subjects. The leading authorities in Surgery, are Physick and Dorsey, of Philadelphia ; Post and Mott, in New York ; and Dr. J. C. Warren, of Boston. Cullen's "Lines," and Dr. Gregory's "Practice of Medicine," are the text books generally used by students ; the "System" of Good, being a scarcer work, and I do not think it is re-printed in the States. The best and more leading works in England are all re-printed and sold at a somewhat cheaper rate than their market price in this country ; and the American Medical Editors

put them under a slight trimming and annotation, in many instances, to fit them better for the market in the States. The re-prints form a great part of medical libraries ; the native works sell higher, and are principally confined to subjects of practical Medicine. The tone of medical literature savors little of theoretical reasoning, deep experimental research, or historical disquisition ; and indeed works of this description, however talented, or laboriously prepared, would not repay the author, or be much read. Practical utility and economy are the great themes of authorship ; and the labors of the medical press even bear the impression of the mechanical and utilitarian stamp of the age, in a greater degree than that to which the productions of our country have as yet, on the whole, arrived.

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The wide boundaries of the United States are plentifully supplied with medical schools and all auxiliary appliances ; and though none of them affect to afford the high scale of education, which the Universities and the higher schools in this country do, still enough may be learned and acquired at the majority of them, to qualify the young practitioner for entering on his profession, with credit to himself and much usefulness to the public,—and eventually of leading him, with due study and care, to the highest eminence, as a physician or surgeon. Many of the leading physicians and surgeons in the States have no other academical honor, but the doctorate of their own schools. The ambition or necessity of being possessed of a degree from this country or the continent, has very much diminished of late years. This is partly owing to the

growing opinion which the Americans have of the independent importance of their own country—their latent prejudices, not altogether unnatural, against being in any way beholden to the mother country, and the increasing respect which is paid to degrees granted among themselves.

However well adapted such a diffused, cheap, and short course of medical education may be to the wants of a young and widely extended country, it must, however, be seen, that it is not fitted, in the ordinary course of human intellect, to lay the broad foundations of those elements of professional learning, on which an extensive and refined superstructure will be reared. Compared with the course of education now required for candidates at Apothecaries' Hall, the formal course of study for the Doctorate in the United States exhibits a slenderer extent of qualifications—without adding to the Apothecary's superior course of study the *longus labor inanisque* of the apprenticeship of five years, and the requisite attendance on Hospital practice, the former of which is not the initiatory custom in America, and the latter is not imperative. The facilities which are hereby afforded for entering on the honors and privileges of the profession in the States, have encouraged of late years many young men of slender education to become doctors—among whom the adventurers to the west, and the sons of rich parents, whose divided estates (by the laws against primogeniture) have afforded their children enough to make them disdain a small trade or any mechanical employment, without being sufficient for their entire support, form a great number of the whole. This open and facile state

of the portals of the profession is frequently lamented by the Teachers themselves; and they behold with regret, the rush of aspirants to their class rooms, provided in general with little intellectual recommendation but a common education, without classical acquirements, a quick perception, and an ardent ambition to pass on with the armor of a degree, and embark in the great contest for food, raiment, dollars, and land.

Instead of a growing disposition in favor of classical education, as the country has advanced in wealth and refinement, there is rather an increased prejudice against it, not only among the mechanical classes, who look with the greatest jealousy on the sons of rich people receiving a higher degree of education than the common or State schools afford, but also among many of the better educated, and people of property themselves; who pretend to see the inutility of such monastic acquirements, either to make their sons serviceable to the State, influential among the people, or to advance their pecuniary interest in any employment. The heads of the different colleges have, therefore, occasional difficulties in stemming the tide of this utilitarian prejudice, and short as are the terms of a literary degree at many of the seminaries, they have at times been publicly called upon to throw their gates still more open, and cut shorter their terms, that the youths of promise may figure away in the world, before the years of their minority are accomplished. The Trustees of Yale College, one of the most eminent seminaries, and an honor to the country, have lately made a laudable and truly patriotic stand against this inroad of mechanism; and the North American

Review has also ably advocated the cause of learning and academical discipline at several stages of its respected career. The terms and course of education at many of the Colleges of the States are well adapted to lay the ground-work of classical and scientific attainments of the higher order, and if followed up by a more protracted term of study, are every way competent to crown their graduates with every requisite qualification for entering any profession, or embarking in the fields of scholarship. From such Colleges as those of Yale and Harvard have issued young men of great literary acquirements; and those of them who have subsequently embarked in the professions, have reached an eminence, which their less educated competitors neither have, nor could ever have attained. It is the public and ambient pressure on the pale of College discipline, which is threatening to break down the sanctuaries of learning, which is the subject of regret, both to Professors and all who love to adorn their country as much by the labors of intellect as by mere wealth. The active energies of the young population, so full of promise in most that relates to the economy of the State and society, are likely to prove, like the precocious activity of some of the bodily functions, but stimulants to the premature and unfruitful development of ambition and enterprise; which as naturally lead to wild speculation or despondency, as the excited stomachs of children to early dyspepsia and valetudinarianism.

Finally, adverting to the short course of medical education in the States, it is presumed, that the medical faculties, having seen how the scale of education in this country

and in France is becoming more and more elevated and extended, and that the curriculum for the degree of M.D. among them, will not admit now of comparison with that for the Apothecary's license, and still less with those required for the diploma and degree at our Colleges and Universities, they will also see the necessity, as a matter of justice to their graduates, and of respect to their schools, either to extend their terms of lectures and of study, or else institute a higher class of medical graduates, who may have undergone a longer course of study and a severer scrutiny.

To the first of these modes some difficulty presents itself; for in order to render the alteration efficient and complete, the whole schools throughout the Union must concur in the extended system of study; as it may be considered quite certain, that wherever a limited course for the degree remains, thither will the spirit of adventure and frugality carry the American students. As to the second scheme, the republican spirit of society will present prejudices and objections to different ranks being in the profession, which would outcries any arguments or apology that might be made for the innovation. Time, however, assisted by the influx and diffusion of wealth, may bring about some more favorable state of thinking in this respect. The way, perhaps, to evade some of the prejudices on this important subject, would be for government to appoint a General Faculty or College, chosen out of all the principal Schools of Medicine, before whom a higher class of graduates may be examined, after a prescribed course of longer study and attendance on lectures than is now required, and be honored with the title of a Doctor in

Medicine of the United States, the initials of which qualification might be M. D. U. S. This higher scale of academical acquirements and study would place the graduates so honored on a level with those who have received degrees in this country or on the continent, and so promote that mutual respect and deference which should exist among all educated members of a liberal profession throughout both hemispheres of the world.

The following is Dr. Black's account of our State Hospitals.

The Massachusetts General Hospital, founded in 1818, is situated on a very eligible spot, at the city end of Charlestown Bridge, and close to the water, communicating with the beautiful and picturesque Bay of Boston. The outside of the building is of fine Quincy polished granite, having an elevated portico of the same in Ionic columns, with a corresponding entablature running round the whole. Between it and the water, is a well-stocked garden, neatly laid out, and hot and cold baths of fresh and salt water for the patients. The internal economy is superior to anything I have ever seen as a refuge for the sick. Pay-patients are received at the rate of three to five dollars a week. Some of the rooms for this class, are tastefully and richly furnished, having fine mahogany bureaus, and bedsteads, mirrors, &c. There are also parlors and bedrooms in sets. The number of beds is 100. The patients last summer did not exceed sixty in all, the greater part of whom were poor, but appeared of a respectable personal character, especially the females, who spoke remarkably well, and had the air of

good breeding. The nurses were all females, under thirty years of age; and, from their good looks and fresh complexions, good manners, and neat attire, had the appearance of the most respectable class of housemaids in England. The kitchen, laundry, and apparatus for heating the wards, were on the newer and scientific constructions, admitting of little improvement.

Clinical lectures are given at the Hospital in the winter, free of all charge to the Medical Students of the College. There is also an Insane Institution out of the town, under the same funds and incorporation as the Hospital; which has, besides the grant of land by the State, that was sold for its foundation and support, received above 300,000 dollars in private donations.

III.

To the Editors of the Boston Medical and Surgical Journal.

GENTLEMEN—Should the following case be worthy of notice, you are at liberty to give it a place in your useful Journal, as it came to me.

CASE OF DISEASED KIDNEY.

HARRIET GIBBS, aged two years and three months, was at birth characterized by good health and sound constitution. In her case there did not appear to be any visible or perceptible deviation from health, until at the age of nineteen months, at which time a train of symptoms characteristic of febrile disease began evidently to manifest themselves. For a considerable length of time these symptoms were not regarded as of but minor importance, and were supposed to arise from a variety of diseases pe-

culiar to children of that age ; such as dentition, diarrhœa, &c. &c. But in a short time the train of symptoms was such, that not even a careless observer could for a moment hesitate to decide upon the true nature of the disease,—such as pain in the region of the kidney, with an evident enlargement of the left side ; lassitude in motion ; exercise appeared to affect her sensibly. All symptoms continued as usual, without any evident change or alteration, (except an evident and very perceptible enlargement of the abdomen,) until her death, which was on the 10th January, 1828. During the illness of our little patient and sufferer, rest appeared to be an almost total stranger to her, except when she was on her left side with her legs drawn up. The stomach and other digestive organs, appeared to perform their several offices with perfect regularity, until September, (before her death), when they were evidently disturbed, the appetite poor and impaired, and so continuing for nearly four weeks, when an improvement of symptoms took place. These were of but momentary duration. At this stage of her complaint, a great variety of symptoms manifested themselves ; such as strangury, with the most excruciating pain whenever she urinated ; the urine was invariably mixed with more or less of dark grumous blood. It was generally remarked, that after these paroxysms of pain, the little sufferer would always find ease and quietness, and the urine would then assume its natural appearance. Generally passed twelve or twenty-four hours without urinating, and then always in but very small quantities. The presence of blood was not discovered until two or three weeks after the

existence of the swelling. All symptoms remained much the same, and no visible change in appearances (except an increase in the size of the abdomen) until four weeks previous to death. At this stage of the disease large quantities of pus were daily passed by the bladder, with little or no urine. Great irritability of the stomach existed now, and until her death. It was with great difficulty that any kind of food was retained on the stomach, except in a liquid state. About two weeks before death, the urine that was passed exhibited more the appearance of saffron tea than its natural appearance, staining the diapers that were used about the child with a bright yellow appearance. Bowels generally regular through the different stages of the complaint, until the latter period, when costiveness was an attendant symptom. Stools, when procured, always had a green appearance. Had colliquative sweats from the commencement. Tongue sometimes coated with a white buff, but appeared natural. Twelve days before death there was œdematous state of the lower extremities, and since August, had in a great measure lost the use of her left leg. The swelling of the limbs was hard, and to the touch did not resemble true anasarca, as it was perfectly hard and not easily compressed. There were no peculiar symptoms different from what had manifested themselves until death, except a regular and very perceptible enlargement of the abdomen.

Dissection after Death.

Twelve hours after death, opened into the cavity of the abdomen, and exposed its contents to view. The abdominal integuments were

distended to an enormous extent, and adhered to the viscera generally, and particularly to the diseased kidney. These were carefully dissected away, which gave us an opportunity of learning the true nature of the disease. The left kidney, which proved to be the seat of disease, exhibited a wonderful and striking phenomenon. Gradually emerging from its natural situation, it took the place of the viscera, generally. The stomach was thrown up and backward, and firmly attached to the diseased kidney, midriff, and a small share of the left lobe of the liver. The liver was displaced, enlarged, scirrhus, ulcerated in many places, and attached firmly by its convex surface to the diaphragm, and slightly to the peritoneum of the right side. Spleen healthy, showing no marks of disease. Right kidney healthy, mesenteric glands considerably enlarged. About twenty ounces of highly colored water were found in the cavity of the abdomen. With considerable difficulty the diseased kidney was carefully dissected out and removed. On being weighed, it was found to weigh seven pounds and three ounces.

I did not have the care of the patient in any part of her sickness, but was called upon to make the examination after death, and procured the foregoing history of the case from the parents at the time of dissection; of course I have given it in their own language.

CALEB PIERCE.

Madrid, N. Y. August 30, 1831.

MEDICAL JOURNAL.

BOSTON, OCTOBER 4, 1831.

COMMUNICATIONS OF THE MASSACHUSETTS MEDICAL SOCIETY.

WE have now on our table the latest publication issued by the Massachusetts Medical Society, forming Part II. of the first volume of a new series. The pamphlet, though consisting of less than 200 pages, contains several articles of sterling merit, and while it furnishes new testimony of the zeal of the Society, forms an important addition to the medical literature of the day. To attempt any analysis of the contents would be doing injustice to their authors, and is by no means our design. We will, however, present to our readers a catalogue of the articles, with a few remarks on the general scope and design of each.

No. I. Remarks on Puerperal Fever, by A. L. Peirson, M. D.—Dr. Peirson's observations on this disease are derived from twenty cases which have occurred to him since January, 1829, previous to which time, though he had attended more than 500 cases of midwifery, he had not met with a case of this painful sequence of accouchment. Dr. P. considers the disease as not contagious, and states reasons for this belief, which certainly weigh strongly in favor of its correctness. The article concludes with a curious history of spasmodic pain of uterus simulating puerperal fever, which was relieved by opiates, fomentations, and cathartics.

No. 2. Case of Mechanical Obstruction of the Jejunum, by J. Stimson, M.D.—The subject was a lad eleven years of age. The principal symptoms were vomiting and constipation. Dissection proved the disease to be produced by a membranous band situated at the commencement of the jejunum, apparently formed by the mesentery.

No. 3. Case of Hydrocephalus, by Jeremiah Spofford, M.D.—This was a case of unusual interest, occurring in a patient 40 years of age. More than half a pint of colorless fluid was found in the ventricles.

No. 4. Remarks on the History and Treatment of Delirium Tremens, by John Ware, M.D.—The name of the author is a sufficient pledge of the accuracy and philosophical character of this production. Dr. Ware's experience in delirium tremens, amounts to nearly one hundred cases; and the opportunities of observation thus offered, have not been neglected. We shall extract two only of the many valuable remarks contained in this paper. Dr. Ware condemns the common notion that this disease is usually caused by the omission of ardent spirits in those accustomed to free potations. This idea is naturally suggested by the fact that delirium often comes on in habitual drunkards when the system is debilitated by other maladies, in consequence of which the usual stimuli have been of necessity proscribed. It is certainly a very generally received impression, and materially influences both the medical and the popular management of the disease.

It is a common belief that sleep

is the sure precursor of a favorable termination. Dr. Ware has known sleep procured by opium to be succeeded by death. In this case the commencement of the slumber is not marked by any peculiar symptoms by which its result can be anticipated. It soon, however, alters its character; becomes at first more unquiet, then comatose, and soon proves to be the sleep of death.

Dr. Ware's description of the paroxysm of delirium tremens, is incomparably the best we have seen. It is sketched from the life by a bold and masterly hand, and may be regarded as a model in this department of medical composition.

No. 5. A brief Memoir of Wm. Douglass, by Timothy Jennison, M.D.—A curious and amusing biography of one of our practising physicians in the early part of the last century. We expressed to Dr. J. a wish to see this memoir in print, and now feel obliged to him for thus rescuing from oblivion the name of one of our earliest regular practitioners. Documents of this kind, illustrative of the infant period of our medical history, cannot fail to be interesting at the present day, and still more to our distant progenitors. The one before us is more peculiarly so, on account of the active part taken by Dr. Douglass in the controversy respecting inoculation, which was, at that period, just coming into notice. The only fault we find with the literary character of this production is, that from having been probably written at different and pretty distant times, it appears in some parts rather harsh and abrupt.

The volume concludes with an account of the Annual Meeting of the Society in June last. We have referred elsewhere to the proceedings of this meeting, and therefore need not recur to them in this connexion.

CHOLERA.

THE Editor of the London Medical Gazette, states the following interesting facts, in the course of some remarks on the painful progress of the Cholera.

Of the different methods of treatment, that by sub-nitrate of bismuth is regarded at St. Petersburg as most successful—if, indeed, success can be spoken of where so few recover; and the Emperor has gone so far as to issue a proclamation, commanding the use of this medicine in preference to others—an edict which, if it appear to us rather arbitrary, will at least have the advantage of deciding the question as to the real power of this remedy over the disease. There is reason to believe from these accounts, that ill-timed blood-letting, and over-doses of powerful medicines, have added to the frightful mortality which has prevailed in the northern capital of Russia. During the prevalence of the disease at St. Petersburg, the wind has been easterly, and the thermometer about 21 degrees, i. e. 79 degrees of Fahrenheit.

It is satisfactory to us to be able to state—and our sources of information are good—that although a few persons of the better classes have been attacked, as yet they have been but very few, and constitute exceptions to the general rule. By the "better classes," we mean those who have the means and inclination to use wholesome generous diet, without any approach to intemperance. The death of Marshal Diebitsch, and the Grand Duke Constantine, have been supposed to jus-

tify a different conclusion; but keeping in view what we have just said, it is not quite apparent in what class of society these personages ought properly to be classed.

We stated sometime since that cajeput oil had been found beneficial in the cure of this disease. The English newspapers inform us that Sir M. Tierney has been in communication with the Russian and Prussian ambassadors, and that a quantity of this oil has been sent to those countries for the purpose of testing its value. When the result shall be known we shall not fail to record it. In the mean time we present the reader with the following very clear history of the symptoms of this disease, contained in a letter from Dr. Barry.

ST. PETERSBURGH, July 20, 1831.

—The disease is certainly somewhat mitigated, both as to the number and the fatality of the attacks, though the weather has continued unchanged. Thermometer in our apartment steadily above seventy degrees of Fahrenheit; very little wind, and what there is, constantly from the east, with the exception of twenty-four hours last week. I came here with an impression strongly fixed upon my mind, that the essential and dangerous features of cholera morbus were immoderate and ungovernable vomiting and purging of a serous fluid, violent spasms, and exhaustion and collapse, necessarily attendant on such a state; consequently, that the first indication would be, to restrain these depressing evacuations. The fact is, however, that vomiting and purging are amongst the least important symptoms of the present epidemic, though the appearance of the fluid evacuated is highly characteristic. Rice water strained, and allowed to settle down, is, when shaken up, the best type. The

evacuations, both upward and downwards, either soon cease or are easily repressed; while in many cases, and these the very worst, there are either none, or they are very trifling. It is the sudden paralysis and rapidly diminishing action of the heart, of the arteries, and of the organs of respiration, with the stasis and thickening of the blood, the loss of the power to generate heat, that constitute the real danger of the first,—the most fatal stage of the disease. Blue black, flat lines, mark the course of the larger veins; a deadly livor colors the skin; even the tongue is icy cold; the respiration is short, quick, and imperfect; the *scrobiculus cordis* and diaphragm drawn violently upwards; the pulse and voice extinct; the limbs and belly torn with spasms; the hands and feet shrivelled, corrugated, and much diminished in volume; the reason unimpaired. It would seem as if all the colorless cells and vessels, upon which the turgor or plumpness of the integuments so much depends, were squeezed to emptiness, and nothing left but the thickened coloring matter of the blood. If this state cannot be overcome in a very few hours, the sufferer must die. *Mordechi*, or *mort de chien*, or *mort noir*, would either of them be a much more appropriate name for this inexplicable malady, than that by which it is at present designated. I am now quite convinced that neither Celsus nor Sydenham ever saw this disease, else they surely would not have omitted all the symptoms that I have just enumerated.

It is in the above state, particularly if there be violent spasm, that the *magisterium bismuthi* has been found so serviceable, assisted by cordials, sinapisms covering the whole belly, and frictions. Neither warm bath nor vapor baths will do. The body is warmed by them, as a dead animal would be, but the faculty of generating heat not being restored, the pa-

tient cools down rapidly again, and with increased debility. Opium appears rarely to be contra-indicated, unless to allay vomiting and spasm, which the bismuth effects much better; and calomel they have not ventured to give in large doses.

Two physicians (Germans), Ysenbeck and Brallow, stated publicly and firmly yesterday, in my presence, at the Medical Council, that during the preceding eleven days they had treated at the Custom-house Hospital, thirty cholera patients, of whom they had not lost one. They give two table spoonfuls of common table salt in six ounces of hot water, at once; and one table spoonful of a similar mixture, cold, every hour afterwards. They always begin by bleeding.

But in the ordinary way of treating the disease: suppose the first stage safely past; very rarely indeed—not five times in the hundred—does the patient return to health without passing through a dangerous fever, which not unfrequently assumes a typhoid character, with reddish, brown dry tongue; stupor; suffused eye; constipated and tender belly; dark sor-des about the lips and teeth. The pulse, however, is generally quicker and the skin hotter, than in primitive typhus. In this state many die from the fourth to the seventh day, and even later. In other cases the fever is benignant, and goes off within the fourth day by copious perspiration.

My object in entering into this detail is to warn you that many and fatal cases of the present epidemic may occur with little or no vomiting or purging. The shrivelling of the fingers and toes, the color of the skin, the shrinking of the features, the coldness of the tongue, the feebleness or extinction of the pulse and voice, the rice-water evacuations, when there are any, are the true marks of the disease, not to be mistaken.